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PTO/SB/24 (12-97); Approved for use through 9/30/00. OMB 0651-0031
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| | |
|----------------------|----------------|
| Attorney Docket No. | 3212/3 |
| Application Number | 09/589,253 |
| Filing Date | June 7, 2000 |
| First Named Inventor | Kerimcan Engin |
| Group Art Unit | 2761 |
| Examiner | |

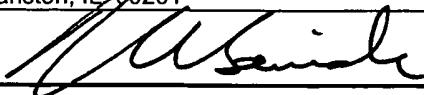
ENCLOSURES (check all that apply)

| | | |
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| <input type="checkbox"/> Amendment Under Rule 1.312(a) / Response to Restriction/Election Req. | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> Notice of Appeal to Board of Appeals and Interferences |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Drawings: | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Extension of Time Request (duplic), \$ _____ fee | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input checked="" type="checkbox"/> Information Disclosure Statement, PTO-1449, art | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Post Card Received |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> MAIL REC'D 10/13/2000 |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Small Entity Statement | <input type="checkbox"/> MAIL REC'D 10/13/2000 |
| | <input type="checkbox"/> Request of Refund | <input checked="" type="checkbox"/> RECEIVED |
| | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed. | |

CALCULATION OF FEE

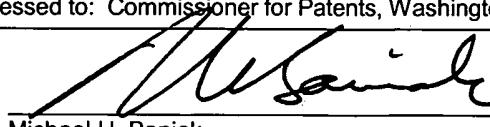
| | Claims After Amendment | | Highest No. Previously Paid For | Present Extra | Small Entity | Not Small Entity |
|---|------------------------|-------|---------------------------------|---------------|-----------------|--------------------|
| Total | | Minus | | | Rate | Add'l Fee |
| Indep. | | Minus | | | x \$9= | |
| First Presentation of Multiple Dep. Claim | | | | | x \$39= | |
| | | | | | +\$130= | |
| | | | | | total add'l fee | total add'l fee \$ |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------|--|--|-----------------------------|
| Firm or Individual name | Michael H. Baniak Registration No. 30,608 BANIAK NICHOLAS PINE & GANNON 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201 | | |
| Signature |  | | Date <i>October 9, 2000</i> |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: *September 9, 2000*

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| Signature |  | Date: <i>October 9, 2000</i> |
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